

Adult Care Home Standards/Checklist

Each adult care home must meet all applicable local zoning, building and housing codes and state and local fire and safety regulations for a single family residence. The building and furnishings must be clean and in good repair. Grounds must be well maintained. Walls, ceilings, and floors must be of such character to permit frequent washing, cleaning, or painting. There must be no accumulation of garbage, debris, rubbish or offensive odors. The home must have adequate lighting.

Each adult care home must have smoke detector(s) and at least one working fire extinguisher must be readily accessible on each floor, including basements, and must be inspected at least once a year. Fire extinguishers must be inspected by the fire department.

The adult care home must be covered with homeowners or renters insurance. Vehicles used to transport the waiver recipient must carry liability insurance.

Complete the check list taking note of the following:

1. **Heat/Air System** – type of heat/air system, water heater, radiators which appear to be in good repair and operating condition.
2. **Bedroom** – Windows should open and lock. One (1) bedroom for client approximately 8x10 and have closet, bureau, night stand with lamp, and bed. If approved, the bedroom also needs to have an operational flashlight at all times.
3. **Exits** – Each floor has two means of egress.
4. **Smoke Detectors** – One (1) per every 900 sq. ft. is a must. One (1) UL (2A10BCtype) approved fire extinguisher should be in the kitchen. If gas heated, must also have a carbon monoxide detector in working condition.
5. **Evacuation Plan** – Posted floor plan indicating path of exits.
6. **Bathrooms** – At least one (1) toilet, washbasin, and shower or bath, in working condition.
7. **Kitchen** – Should have necessary appliances which appear to be in good repair and operating condition (e.g. refrigerator, stove, oven, sink). Minimum of one (1) table setting per resident. Food and poisons stored separately.
8. **Laundry Facilities** – Should have operating washer and dryer or access to laundry out of the home.
9. **Drug Storage Area** – A designated area (preferable provider's bedroom) to store medications which will be stored in a labeled and locked box.

10. **Telephone** – Available, with emergency numbers posted and answering machine or voice mail.
11. General cleanliness and repair of home.
12. Vector and Pest Controlled.
13. First Aid Kit.
14. If the adult care home has a pet, confirm the pet has all required vaccinations.

HOME STANDARDS CHECKLIST

	Adequate	Inadequate
1. Overall Heat, Light, Ventilation, and Utilities		
a. Heat/Air System	_____	_____
b. Lighting	_____	_____
c. Ventilation	_____	_____
d. Plumbing	_____	_____
Comments _____		
2. Bedroom		
a. Privacy/Room Size	_____	_____
b. Closet, Bureau, Night Stand, Lighting	_____	_____
c. Beds	_____	_____
d. Windows	_____	_____
e. Flashlight	_____	_____
Comments _____		
3. Exits & Egress		
a.	_____	_____
Comments _____		
4. Safety		
a. Evacuation Plan Posted	_____	_____
b. Smoke Detectors	_____	_____
c. Carbon Monoxide detectors	_____	_____
Comments _____		
5. Living and/or Activity Space		
a. Accessibility	_____	_____
Comments _____		
6. Bathing & Toilet Facilities		
a. Grab bars	_____	_____
b. accessibility	_____	_____
Comments _____		
7. Laundry Facilities		
a. Washer/Dryer	_____	_____
b. Access to outside laundry facilities	_____	_____
Comments _____		
8. Kitchen		
a. Food Storage/Preparation	_____	_____
b. Fire Extinguisher	_____	_____
c. Hot Water	_____	_____
d. Ventilation	_____	_____

Comments _____

9. Drug Storage Area, Lockable Med Storage Box

a.

Comments _____

10. Vector/Pest Controlled

a.

Comments _____

11. Telephone and Voice Mail or Answering Machine

a.

Comments _____

12. First Aid Kit

a. band-aids: strip, butterfly, and ace

b. antiseptic

c. gauze

d. scissors and tweezers

e. tape

f. ice pack

Comments _____

12. Pet Vaccinations

Yes (Month and Year of Vaccination _____)

No _____

Comments _____

13. Overall Appearance and Sanitary Conditions

14. Recommendations/Corrective Actions

Staff Member_____

Signature:_____ Print Name:_____

Date:_____ Applicant Operator:_____

Comments:

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Mavis Riley